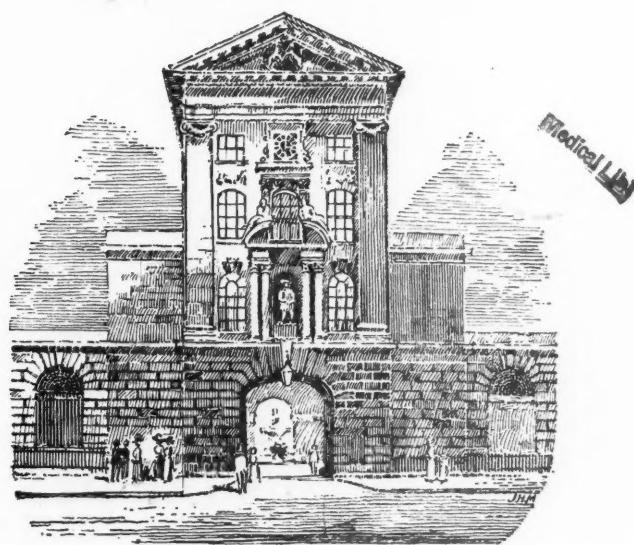


JUN 18 1929

S^T. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVI.—No. 9.

JUNE, 1929.

[PRICE NINEPENCE.]

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St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXVI.—No. 9.]

JUNE 1ST, 1929.

PRICE NINEPENCE.

CALENDAR.

- Sat., June 1.—Cricket Match v. Herts Wanderers. Away.
Tennis Match v. Trinity College, Cambridge.
Away.
- Mon., " 3.—Special Subject : Clinical Lecture by Mr. Elmslie.
- Tues., " 4.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., " 5.—Surgery : Clinical Lecture by Mr. Harold Wilson.
- Thurs., " 6.—Swimming Match v. Old Stortfordians. Away.
- Fri., " 7.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Medicine : Clinical Lecture by Sir Percival Hartley.
- Sat., " 8.—Cricket Match v. "Past." Home.
Tennis Match v. University College, Oxford. Away.
- Mon., " 10.—Special Subject : Clinical Lecture by Mr. Just.
Swimming Match v. Beckenham II. Away.
- Tues., " 11.—Prof. Fraser and Prof. Gask on duty.
- Wed., " 12.—Surgery : Clinical Lecture by Mr. L. B. Rawling.
- Thurs., " 13.—**Abernethian Society : Summer Sessional Address at 8.30 p.m. Prof. Grey Turner.**
- Fri., " 14.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine : Clinical Lecture by Dr. Langdon Brown.
- Sat., " 15.—Tennis Match v. "Past." Home.
- Mon., " 17.—Special Subject : Clinical Lecture by Mr. Elmslie.
Swimming Match v. King's College Hospital. Away.
- Tues., " 18.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Wed., " 19.—Surgery : Clinical Lecture by Mr. L. B. Rawling.
Last day for receiving matter for the July issue of the Journal.
- Fri., " 21.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine : Clinical Lecture by Sir Percival Hartley.
Swimming Match v. Old Owens. Home.
- Sat., " 22.—Cricket Match v. Honor Oak. Away.
Tennis Match v. Bank of England. Home.
- Mon., " 24.—Special subject : Clinical Lecture by Mr. Rose.
- Tues., " 25.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Swimming Match v. Barry S.C. Away.
- Wed., " 26.—Athletics v. Westminster Bank.
- Fri., " 28.—Prof. Fraser and Prof. Gask on duty.
- Sat., " 29.—Cricket Match v. Streatham. Home.
Tennis Match v. Royal Artillery, Woolwich. Away.

EDITORIAL.

EHE General Election will come upon us before we go to press, and will be over before the date of our publication. We are thus barred from prognostication, and from a comment upon the result, even had we been qualified to discuss the matter fully in its nicer medical aspects. But at least an Important Historical Event has not passed without mention.

* * *

Mr. MCADAM ECCLES.

There have been times in the early history of the JOURNAL when its finances were strained, its circulation poor, and its contributors few. Periods of depression, hardly to be called crises in their slow onset and slower decline, nevertheless call for as determined action as any emergency ; and as much wisdom is needed.

Over twenty years ago the JOURNAL was passing through lean years. The hard work and devotion of Mr. McAdam Eccles and others then connected with the Journal led into comparative, and finally settled it in absolute prosperity.

Advertisements, ever important in the finances of a paper, were sought for and found ; old St. Bartholomew's men were persuaded to contribute articles ; and a multitude of minor problems arising in the life of a growing paper were settled.

Against the shifting foreground of editors Mr. Eccles sat as Chairman of the Publication Committee, punctually and unfailingly attending every meeting. He has watched them pass, some brilliant, all keen, and has helped them all, stimulating the timid, and ballasting the too enthusiastic. His suggestions were always helpful, and showed an acute perception of changes that

the progress of the outer world demanded of a Hospital journal.

He was a store-house of knowledge concerning its history, but he never allowed his sense of its traditions to curb its growth and adaptation. His ideas were as young as the circumstances that prompted them.

There is perhaps a faint obituary tinge to this tribute to the retiring Chairman of the Publication Committee, and an impression confirmed by the association of a photograph with the third page of the Journal. But no one is more alive than Mr. Eccles. His retirement follows his retirement from the Honorary Staff of the Hospital.

The JOURNAL owes an immense debt to him for his long service as Chairman, and hopes to enjoy his continued though perhaps remoter friendship.

* * *

We extend a hearty welcome to Prof. Grey Turner, Professor of Surgery at the University of Durham, who is to direct the Surgical Professorial Unit for a fortnight during the coming month.

* * *

The Home Secretary has appointed Dr. Morley Fletcher to be a member of the Advisory Committee on the Administration of the Cruelty to Animals Act, 1876.

* * *

COMBUSTION AGAIN.

We raised the question of the supernatural last month, reporting the apparently spontaneous combustion of a piece of wood in the Museum. We have received a criticism of our comment:

In the Editorial of the JOURNAL for May, 1929, dealing with the mystery of the specimen of Egyptian wood which was in the Hospital Museum, appeared the statement: "It contained no potassium and could therefore never have been part of a living plant."

Though potassium salts are more or less necessary for plant life and growth, the following facts may be of interest:

It is known in Australia that plant ash is useless as a fertilizer when compared with plant ash in Europe. The reason is a deficiency of potassium in the soil and a corresponding deficiency of it in the ash both of native and of introduced flora. Inquiry establishes that this deficiency is about one-tenth the European content. Does Egypt also, perhaps, suffer from this deficiency?

Potassium is required for the transformation of chlorophyll into starch, and is present in green leaves and in sap of plants.

It has been shown that injury to a plant will cause recession of sap from the part affected; moreover, the plant will guard against loss of potassium especially.

There is a variation of the potassium content between the wood and the bark of a tree. In the lime tree the bark contains only 50% as much potassium as the wood, in the elm 10%. And in both these cases the total potassium content of the ash (wood and bark combined) is high even for European trees, reaching a figure of nearly 2%, as against the more usual 0·5% or less.

Potassium and sodium, which are closely allied chemically, have been found to replace each other either wholly or in part. A plant can, apparently, live without potassium.

The younger the plant, the greater the percentage of soda, as compared with potassium, found in its ash.

Finally, vegetation near the sea-shore contains more sodium and less potassium than that growing inland.

Considering these possibilities, surely the absence of potassium on analysis of a portion of the wood specimen is too inconclusive evidence upon which to raise the wood into the realms of the supernatural.

R.G.O.

In self-defence we must point out that we were reporting *oratio obliqua*, and that our conclusions were timid and unscientific because of our ignorance of the real problems arising out of the occurrence. We are indebted to R.G.O. for placing the matter on a healthy and less morbid plane.

* * *

The finding of old documents—a case-book of Paget's and some letters from the days of Abernethy—has inspired our authors to prose (which we publish elsewhere), and ourselves to thoughts of times past. This is the antiquarian's heyday, for the vendors of antiquity a golden age. Medical scholars there have always been among us, men who have fixed their gaze more constantly upon the ancient writings than upon the vaunted progress of their art. Philistines, too, proud of to-day, have ever bidden us let dead books decay in silence. And always the amateur, ready with his leisure, readier with his purse, has travelled the middle way.

Now more than ever the middle way is thronged, and as prices soar, books grow scarcer, more library dust flies, the cry comes, "Of what avail? Is he who is versed in its history, the better practitioner of his art?" To such a question each man has his own answer.

There is another question, which does require an answer. If the history of medicine has a place in the education of the student, could not a fuller use be made of the records that we possess? These historical relics that are now left scattered to moulder in dark cupboards, and to be unearthed only for the proud display of centenaries, could be gathered together in one room, displayed in orderly fashion, so that the pictures, the books and the instruments that tell the story of St. Bartholomew's part in the growth of medical truth should be a lesson and an inspiration to the growing generations.

* * *

Smoking Concert.

Only once since the War has the old custom of having a Mid-Summer Smoking Concert, given under the auspices of the Amateur Dramatic Club, been adhered to. This year it is to be revived.

From 8 p.m. until *Time, Gentlemen, please*, many talented artists will give a smoking concert at the Ludgate Hill Restaurant.

The date is June 11th and the tickets are moderately

Mr. E. T. C. Spooner has been elected to a Commonwealth Scholarship. Many congratulations!

* * *



Mr. MCADAM ECCLES.

Photo by Swaine.

priced one shilling and sixpence. The A.D.C. is reported to be preparing something topical; ladies will not be admitted.

Anyone who feels the urge of the stage will be welcomed by the committee if he desires to perform.

* * *

The Dinner of the Ninth Decennial Contemporary Club will take place at Verrey's Restaurant, Regent Street, W. 1, on Wednesday, July 3rd, at 7.30 p.m. Dr. Henry Burroughes will take the Chair.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Charing Cross Hospital Gazette—L'Echo médical du Nord—The Epsomian—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—Guy's Hospital Reports—The Kenya and East Africa Medical Journal—King's College Hospital Gazette—The London Hospital Gazette—Long Island Medical Journal—Medical Review—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—Revue de Médecine—St. George's Hospital Gazette—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—Sydney University Medical Journal—University College Hospital Nurses' League Magazine—The University of Toronto Medical Journal.

MORE MEDICAL NOTES.

By Sir THOMAS HORDER.

ON MALIGNANT DISEASE.

(1) Pyrexia in malignant disease is, in most cases, an expression of secondary (pyogenic) infection. But by no means always so. Rapidly growing neoplasms are sometimes accompanied by an essential pyrexia. The organs most often affected are the liver and the lung. In the latter instance the pyrexia may be quite high and may show the quotidian intermittent type. In this case, however, retained secretions in the bronchi cannot be excluded as a contributory cause.

(2) In the two instances of neoplastic pyrexia already quoted there may be a leucocytosis so high that suppuration is strongly suspected and yet may be proved to be absent. The leucocytes may rise to 50,000 or even to a still higher figure.

(3) A possible cause of pyrexia in non-infected neoplasms is the absorption of products of tumour disintegration. This process is allied to the condition of necrobiosis occasionally seen in some benign growths, where, again, pyrexia may be present. Two examples in actual practice are uterine fibro-myomata and hyper-nephromata. As a rare complication of this condition may be noted amyloid disease.

(4) One of the most striking examples of secondary infection in malignant disease, leading to pyrexia, is sometimes seen in ulcerated carcinoma of the colon. The pyrexia may be quite high and rigors may occur. The picture presented by such a condition, associated with a tumour in the flank, may be deceptive in that it may simulate "closed" renal suppuration.

(5) It cannot be too often reiterated, nor with too much emphasis, that cancer of the stomach arises much more frequently in patients who have not been the subjects of chronic dyspepsia than in those who have thus suffered.

(6) The same is true of cancer of the colon; this disease is much more common in patients who have been free from constipation, colonic stasis and "colitis" than in those who have been troubled by these things.

(7) The school which teaches the contrary doctrine does so in order to maintain a thesis, and in despite of facts.

(8) The importance of this matter lies in the urgent necessity of detecting cancer in these organs at the

earliest possible stage. The patient to suspect is not so much the chronic dyspeptic, whether gastric or colonic, but the patient who, having arrived at the age of forty or over, begins for the first time to be troubled by indigestion or flatulence or constipation.

(9) Cancer of the stomach may occur, and may reach an advanced stage, without pain or vomiting; indeed, without any symptoms directly referable to the affected organ. The disease should always be suspected in any patient in whom there is progressive loss of weight and strength without obvious cause.

(10) Metastases in odd situations, and remote from the site of the primary growth, may arise in connection with carcinoma of almost any organ. But when the site is not apparent, suspect the suprarenal gland or the prostate.

MEDICAL WORK IN CENTRAL CHINA: EARLY IMPRESSIONS.

N passing on a word-picture of a lesser-known field of medical practice, there are two periods in a doctor's life when he may possibly speak with advantage. One is when his first impressions are still fresh, and the differences between home and foreign practice are still acutely realized. The other is when, with the ripened experience of years, he collects his statistics and settles down to a serious work.

After two years of medical practice in China—a period punctuated by a revolution which forced us all to leave our hospitals, by five months in the "foreign" community in Shanghai, and by a running encounter with that invention of the devil, the Chinese language—I feel that now or never can I write of first impressions while they are still fresh.

One of the first great shocks one receives on starting work is due to the very different relation of patient to doctor that holds out here. The rural Chinese view of the Western doctor is a mixture of two very different factors. On the one hand, he has a pathetic faith in Western surgery—a faith that makes a man who has completely lost both eye-balls walk a hundred miles to ask the foreign doctor to cure his eyes. On the other hand, though the foreign doctor is clever, he is nevertheless only a doctor, a man of no social standing, to be treated as one would treat the local vendor of extract of scorpions, the purveyor of candles, or any other swindling tradesman. One is expected to "guarantee" cures and to state exactly how long an illness will last.

A case of typhoid fever in the third week is brought to hospital, and you are asked to guarantee him well in a week or they will take him away again.

One must never allow a patient to die in hospital. Now even in Mission hospitals patients sometimes get worse instead of better (a fact which home supporters will never believe) and threaten to die. One often is faced with the question whether a patient is to be taken home to die or allowed a few more days' grace. Imagine being faced with this problem at the bed-side of a case



of lobar pneumonia on the seventh day of the disease. To allow him to be moved is a professional crime, and he will pretty certainly die on the thirty-mile journey home. To keep him will mean running the risk of a death in hospital and an unpleasant row. That he should die may not appear very terrible to his friends; that he should die in hospital is a dreadful catastrophe. This fear of death in hospital arises, as do so many of their deeply rooted ideas that distress a hospital superintendent, from a mixture of superstitious dread and economic stress. If the patient dies in hospital, or, in

fact, anywhere away from home, his ghost will be a wandering, worrying nuisance of a ghost. Also, to transport a dead body home for burial (and it *must* go home) is so very expensive, that it will mean the financial ruin of the household.

Whilst the rural Chinese have a great opinion of Western surgery, they tend to despise Western medicine. Our "half an ounce three times a day until further notice" seems too insipid after the massive single doses of the Chinese physician. In my first year out here my summer shirts were made by a very good tailor, who had been deaf and dumb since the age of four, when a single dose of Chinese medicine rid him at one swoop of his convulsions and of his powers of speech and



hearing. I have seen a case of complete and permanent blindness which followed a single dose of Chinese medicine. Ophthalmoscopic examination showed complete optic atrophy. One of my colleagues had operated on a patient for removal of an ovarian cyst. A few days after the operation there was a return of vomiting, acetonuria and steadily increasing coma. The doctor explained the gravity of the condition and its comparative hopelessness. "Could you not give her some 'open the intelligence' medicine?" said the mother. The doctor explained that we unfortunately had no such drug. "Would you mind if we took her home and got a Chinese doctor to give her some medicine?" The doctor saw no hope for the patient and said they might take her home. Two days later the patient walked into the consulting-room, quite well, having taken *one dose* of Chinese "open the intelligence" medicine.

A magic word with Chinese patients is Ta Chen

(stick in a needle). From remote times this practice of pushing needles into specific parts of the body has been as much the stock-in-trade of the Chinese physician as was bleeding with the European doctor a century ago. Have you a carbuncle on your neck or a swelling of the inguinal glands? Then the periphery of the mass is punctured by a dozen jabs with a needle. Have you a tuberculous arthritis of the ankle-joint? Then a needle (and if you are rich, a golden needle) is thrust deep into the part from several directions. One has never seen any good results from this treatment, and the evil results are so numerous and distressing, as to make "results of needling" a heading in the list of diseases in the hospital reports. This long-established idea opens up the way for several Western methods of treatment which otherwise might be distasteful. Thus the Chinese are enthusiastic over vaccination, the only sad aspect of this being that the local quacks also vaccinate, and tell the mothers that the patient is protected, not only against smallpox, but against measles, chickenpox and a variety of other diseases. There is great keenness for injections for the treatment of syphilis, and one has difficult times trying to convince patients that arsenobenzoles do not cure gonorrhœa and buboes. Next to Hatamen cigarettes, the most advertised commodity in China is "606." In every Chinese city hordes of quacks advertise that they will give injections of "606" and "914." Also they will sell you "606" pills and "606" ointment.

Mission hospital work is mainly surgical. More markedly than at home, diseases come to you in batches, mainly because a successful operation gives the hospital a local reputation for the treatment of that condition. At the moment we here have an unenviable reputation for treatment of *fistula-in-ano*, and in the male surgical ward, out of 20 patients, 25% have been operated on for this condition.

Almost any surgical ward, visited at any time, will contain one or two cases of gun-shot wounds. While working at Hankow, just after the Communist régime, we had two wards of open fractures of the femur. For many years China has been cursed, not only with rival militarists, but with bands of armed robbers. It is almost a weekly occurrence to have a farmer brought in from some lonely hamlet with a shattered humerus or a general peritonitis from an abdominal wound, resulting from the bullet of a bandit's gun, fired at the farmer while he was striving to protect his cow or his store of rice from being stolen.

As a welcome change from the monotonous strings of varicose ulcers, balanitis, scabies and malaria, a morning's out-patients may bring a really exciting tumour. The accompanying photographs show two such pleasant

surprises. One, which I assisted a Chinese colleague to remove, was a cartilaginous new growth arising from the alveolar margin of the left side of the maxilla. The patient was much more comfortable after the operation, but not much more beautiful. The other photograph is not an illustration for *The Pilgrim's Progress*, but a patient with his lipoma. After carrying this gradually increasing burden for twelve years, he decided to part company with it. He is now back at work. The operation was not too formidable, and the tumour is now, after the manner of Clementine, fertilizing our private bamboo grove. It had the appearance of a skin bag partially filled with water and it weighed 44 pounds.

Another gentleman whom we caught at Hankow had an enormous lipoma arising from the posterior fold of the left axilla. The tumour was the size and shape of a soccer ball. The patient could not bring his left arm down to the side, and as he walked, rather proudly, around the compound on a warm June evening the day before his operation, he reminded one of an English farm yokel with the local football club's ball tucked into his armpit, stalking out to the village green for a kick-about, followed by an expectant and admiring crowd of small boys.

Of malignant disease in the male one sees very little except carcinoma of the penis, which is, statistically at least, twelve times as common in China as in the United States, and probably much more. Maxwell, in his *Diseases of China*, gives an interesting comparison of the frequency of cancer in China and the United States. The U.S.A. percentages are based on over three thousand deaths in Chicago in 1924. The China percentages are based on 1133 cancer cases in Chinese hospitals :

	U.S.A.	China.
Breast . . .	8·37%	18·19%
Penis . . .	·22%	14·04%
Stomach . . .	24·49%	4·32%
Uterus . . .	10·93%	12·36%

Acute abdominal conditions seem much rarer than at home. A doctor after twenty years in this district says that he has never seen a case of acute appendicitis, and only two cases of localized peritonitis, which might have started as appendicular lesions. Acute perforations and haematemesis seem rare, and although haust. gent. c. rheo will soon be as popular in some parts of the Yangtse Valley as it is in Hoxton, convincing symptoms of gastric ulceration are rarely heard. In this connection it is interesting to note the diet of the rural Chinese. Two enormous meals of boiled rice are taken each day, eaten piping hot and shovelled down with very little mastication. The rice is supplemented with

vegetables and seasoning materials. Very rarely is any meat eaten at all, except on high days and holidays—then the meat is invariably pork. A little fish is used where it is cheap. The Chinese seem never to drink at all, except when paying calls (and then they only play with a tea basin) and when the weather is very hot. It is often quite impossible to persuade a patient to take milk or any of the milky foods. Rice gruel is as near as one can get to a milk diet. Throughout the winter months our nurses never drink anything but rice gruel, unless they are entertaining or being entertained. On the road, hot water, slightly coloured by a few tea-leaves, is the routine drink, and is taken every few miles by the coolies.

Venereal disease presents rather a different problem out here. The two commonest lesions are inguinal bubo, and a very destructive ulceration of the glans penis unlike anything I have seen in England or read of in any text-books. Gonorrhœal urethritis is common enough, but never seems very severe, and stricture seems rare.

Blinding cases of gonorrhœal conjunctivitis are distressingly common. Some of the coast hospitals have estimated that among their out-patients about 30% give positive blood-tests for syphilis (Kahn). One factor in the venereal problem out here which does not hold at home is that the sophisticated town-dweller regards his wife as the producer of his children and reckons to get his sexual pleasure elsewhere.

Among the cases seen at a morning's out-patients the majority of those who require an abdominal examination will have palpable spleens. The larger number, but those with the minor degrees of enlargement, will be due to malaria; a smaller number, including the cases of extreme enlargement, will be due to schistosomiasis. Of cases of this latter disease we see a distressing number, mainly children and young adults. The spleen sometimes reaches right across to the right iliac fossa. Not often does a week pass without a feeble, prematurely old man hobbling, gasping, into the consulting-room, preceded by his enormous abdomen. One might as well palpate a hay-stack to find a needle in its centre as palpate such an abdomen. He is admitted, and after two or three buckets of fluid have been drained from his peritoneal cavity, one can examine and perhaps make a diagnosis. In patients under thirty there is usually a large spleen and a large liver, and examination of the faeces may show ova of *Schistosoma Japonica*. In those over thirty the spleen and liver are usually not palpable, and the liver-dullness is reduced. These do not show *S. Japonica* in the faeces, and the condition would appear to be due to cirrhotic changes in the liver, in which connection it is interesting to note

that the rural Chinese hardly ever take any form of alcohol. This class of case is most depressing. Tapping relieves them only for a few days, and they seem to go downhill faster after tapping than before.

Suicides are common all over China, and in this part the method of choice is almost invariably by swallowing opium. The rescue is exciting while it lasts, if a little messy—but it always seems a little hard to get cured afterwards by a patient with whom one has had success for being so inconsiderate as to bring her back to life when it was so nice and dreamy just to die.

Ophthalmic work takes a large place in our activities. Trachoma is so prevalent as to be almost universal among the poorer classes. Few cases come for treatment in the early stages—it seems to them too trivial and too much part of one of the inevitable little trials of life to worry about. Only in school work and among one's student nurses does one get a chance to catch it early. An American school doctor out here told me that he thought it mattered little what local measures were taken, the keynote to the treatment being "Setting-up exercises." I afterwards discovered that "setting-up exercises" is American for "physical jerks." When the trachomatous process has so deformed the upper lids that all the lashes are sweeping the cornea, then patients come for treatment and there is ample scope for ingenuity in plastic surgery. Of errors of refraction, by far the most common is myopia. In examining 90 boys in a High School, I found one who wanted correction for mild hypermetropia and 23 who needed glasses for pure myopia or myopic astigmatism. A very common eye disease is pterygium. These succulent growths frequently invade the pupillary area of the cornea and not infrequently cause complete blindness. I watched one slowly advancing on to the cornea of my language teacher, and finally persuaded him to allow me to remove it. The result so pleased him that he brought me pterygiums from the highways and hedges and compelled me to remove them. Of the country labouring classes it is probably safe to say that 30% have some degree of corneal opacity.

If there is one disease that seems to me to make the whole world kin it is the chronic varicose ulcer. To look round the dressing-room at the Hill Memorial Hospital, Teian, is very like looking round a female dressing-box at Bart.'s. There sit the old ladies, as voluble as their Smithfield cousins, displaying the sinuous edges of their ulcers, as constant in their returning visits, as confident that some day the ulcer will heal, as determined that they will not have in-patient treatment (the only treatment that will do them any real good), and showing results as meagre for our varied and vigorous therapy.

RALPH BOLTON.

SIR JAMES PAGET AND THE HOSPITAL MUSEUM.

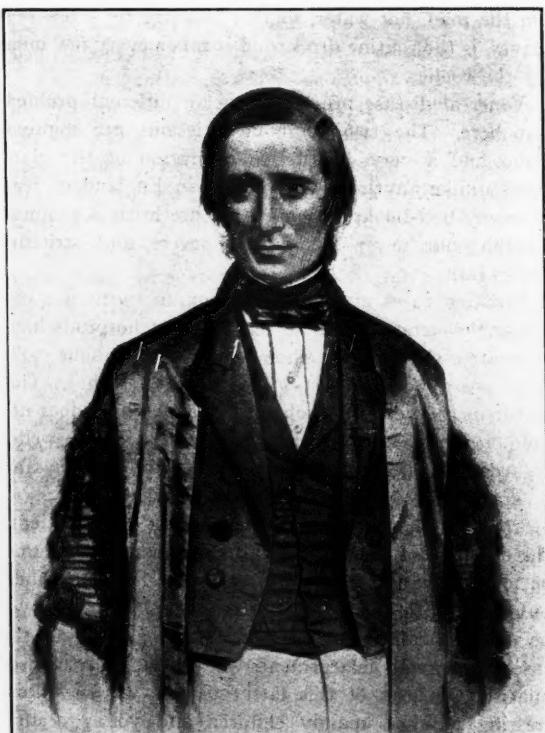
AVISITOR to the Museum, exhausted by the weary climb of innumerable stairs, and pausing for breath, may well look up to the patron saints of this Valhalla of spoils snatched from the dead, the dying, the living, and those who have never been born. The bust of John Hunter tells him that he is here inhaling the purest air of the Hunterian School. But the placid features of Sir James Paget, one of the Hospital's most famous sons, he will view with mixed feelings. How appropriate, his first thought will be, for these two men thus to be looking at one another across the stage upon which is enacted the progress of their art—the pioneer of surgical pathology in this country, and his most distinguished disciple, of whom it was said that he developed surgical pathology along truly Hunterian lines! And yet was not Stephen Paget fond of referring to it as this "frightful" bust, and whose pineal gland is so calcareous that he will not identify himself with this homely expression? Who has not succumbed to the magical influence radiating from the still, white marble of Boehm's noble bust on the staircase of the Royal College of Surgeons, and who has not been appalled by the poor cast in the Hospital Museum? Generations may come and go, curators may change, and specimens crumble to dust, but the "frightful" bust of Sir James Paget, sphinx-like, will smile at change and will mock at the passage of time. *Vanitas, vanitas, vanitatum vanitas.*

There has lately been unearthed from among the treasures lurking in the dark bosom of the Hospital a MSS. casebook of specimens in the Museum, with clinical records, in the handwriting of Edward Stanley, James Paget and others. The author, having devoted delightful hours of his leisure to its study, has come to the conclusion that its contents are not such as would warrant publication. The description of the cases is graphic, it is true, and often elegant, but in the scientific literature of the day reference to a post-mortem liver as "being in that state which is so frequent in persons accustomed to the use of ardent spirits" is liable to irritate the reader. Those were the days when the microscope was not yet in general use, when staining methods were unknown, and bacteriology was undreamt of, so that the pathology of the clinical cases is rarely followed up. A new generation has new problems, and time refuses to stand still. But the quiet figure of James Paget steps forth from the worn pages

The portrait is reproduced by kind permission of Messrs. Longmans, Green & Co.

of the book, which is grey with the dust of a hundred years.

Let us follow him as our guide on a tour through the Museum. He pauses on the ground floor opposite specimen A 409, which he presented in 1876, and which shows sections of the tibia, the calvaria, and the patella from one of his original cases of osteitis deformans. "When I described the disease in a communication to the Royal Medico-Chirurgical Society in 1876, I tentatively called it osteitis deformans after its most striking



PAGET IN 1849.

character. A better name, I said, may be given when more is known of it." He is fascinated to hear that in the fifty years that have elapsed little has been added to his original description; that the cause and the cure have not yet been worked out, and that the disease is still known among us as osteitis deformans, or Paget's disease of bone. Specimen A 410 shows a section of the femur from the same case.

Our guide pauses next before A 379, the skeleton of a negro of unusual stature. His right leg had been amputated by Earle through the lower third of the thigh on account of syphilitic ulceration and periostitis, but he had died soon after the operation. "I articulated

his skeleton in 1840, and fitted him with the amputated leg. I was then curator of the Museum, having succeeded Baynton in 1837. I held the office for six years at a salary of £40 per annum. My time was employed in putting up new specimens, repairing and cataloguing the old ones, and preparing demonstration specimens for lectures. I have never regretted the time I spent as curator; it taught me the value of accurate observation and how to write terse English. It was in those days that my interest in pathology was born, so that in my career as a surgeon I was ever stimulated to study the science as well as to practise the art of surgery. In 1842 I was invited to prepare the pathological catalogue of the Museum of the College of Surgeons, a task which took me seven years."

He next draws our attention to A 360, sections of a syphilitic tibia from a boy of 18, which figure in his famous Lectures on Surgical Pathology.

A 684 and 685 show tumours of the brain and skull-cap of a farmer's boy, aged 15, said to be caused by repeated blows on the head. Described by Paget about 1850 as endotheliomata of the skull, they are now called meningeomata according to the classification worked out by Harvey Cushing.

We then pause before H 268, a section of a lung containing large masses of a cartilaginous new growth, secondary to a tumour of the testis. "I described this in 1855 as a 'malignant enchondroma.' What do you call it now?" We turn to the catalogue—"redescribed in 1897 by Dr. A. A. Kanthack, chondro-carcinoma (malignant teratoma)." At E 87 our guide looks intently, trying to recollect the history: "This case I described fully in the *Medico-Chirurgical Transactions* in 1844. A girl of twenty who had lived in the miseries of poverty and prostitution was admitted for gonorrhœa in a state of extreme debility. She suffered from violent palpitations of the heart, and a loud bellows sound could be heard at the base, accompanying the first sound. No history of rheumatic or any other affection of the heart could be obtained. She died exhausted with pulmonary apoplexy. The heart at autopsy showed but two pulmonary valve-cusps, both covered with vegetations." The catalogue amplifies his remarks, speaking of malignant endocarditis of the pulmonary valve and infective endarteritis of the pulmonary artery. The gonococcus causes malignant endocarditis more often than has been supposed. Specimens A 98, 99, 100, etc., interest our guide greatly. Are they not described as "Paget's quiet necrosis"? "I first used this term in an article in the third volume of the Clinical Society's *Transactions* to describe a kind of bone necrosis in which the usual phenomena of inflammation and fever are absent; but I was unable to explain the condition.

I found no distinctive signs of the disease; I merely tried to teach the profession to bear it in mind in any obscure case of swelling on a bone." After that we climb to the top gallery to look at the specimens showing Paget's disease of the nipple. "I believe my description of this disease in the *Hospital Reports* of 1874 is the shortest classical contribution ever made to surgery. My original paper dealt entirely with the clinical aspects of the condition. I wonder if its pathology has been worked out in the meantime." He is pleased to hear about the work of Sampson Handley, and amused at the controversy to which it has given rise. He wants to show us a water-colour sketch made by Thomas Godart in 1884 of a patient, whom he had sent to the Hospital with this disease, but the Heraclean task of searching through the collected drawings proves too much.

Before we part he tells us of a dream of his youth, dim now, but never wholly forgotten. In his soft, clear, and musical voice he pictures to us a little corner of the Museum, with a cabinet of exquisite workmanship—a centre of peculiar interest. In it, behind glass, are displayed his historical specimens, fully described, religiously preserved, and piously cared for. His instruments are here; his writings; the original papers in which he described the disease processes of which examples are here figured on the shelves. A fine row of books, large and small, bound in crushed levant and lettered in gold. On the neighbouring wall are his photographs and portraits, the Spy cartoon, his diplomas, his autograph. Vishnu land, what Avatar! And as we leave the Museum, his lips move as it were in silent prayer: "Bart.'s, keep my memory green."

W. R. BETT.

AN UNUSUAL CASE OF PNEUMOCOCCAL MENINGITIS.



W—, a girl, at. 16, was admitted to St. Bartholomew's Hospital on March 12th, unconscious.

One week ago the patient had a rash, which was diagnosed as rubella. From this she recovered, and seemed to be quite well until the day before admission, when, at 11 a.m., she had a severe headache, then vomited and went to bed. By 6 p.m. she was unconscious and delirious. Her respirations were rapid, her pupils dilated. She was not incontinent.

Six years before she had had an aural discharge following a pneumonia.

On admission at 4 p.m. on March 12th she was unconscious; she lay with mouth open and eyes partly closed and rotated to the left. She resented any

movement. There was no obvious head-retraction, or Kernig's sign or photophobia.

There were no abnormal physical signs in chest or abdomen beyond a marked "*tache cérébrale*." Knee-jerks and ankle-jerks were present; plantar responses were flexor. All limb movements were free and easily performed. Temperature 99° F., rising to 102°; pulse-rate 85, respiration-rate 22.

At 10 p.m. the right optic disc showed slight papillœdema; the white blood-cells numbered 27,600 per cubic millimetre.

About 30 c.c. of turbid cerebro-spinal fluid, under very great pressure, were withdrawn.

20 c.c. of anti-meningococcal serum were given intrathecally at the same operation, on chance. Later, an examination of the cerebro-spinal fluid showed that it contained 9200 cells, nearly all polymorphonuclear, per c.mm., and a certain number of capsulated diplococci, resembling pneumococci, which grew very profusely on blood legumen agar.

On the next day the patient was still unconscious; head-retraction and Kernig's sign became very marked.

On the third day she began to improve; she was conscious and could speak and write a little, but she was completely deaf. The conjugate deviation of the eyes to the left now gave place to a coarse nystagmus to the right. From this day on she continued to get better.

By the twelfth day she was apyrexial, and had no signs or symptoms beyond stiff neck, nystagmus and deafness.

On the thirteenth day the cerebro-spinal fluid failed to grow any organisms, and its pressure, which had at first been well over 350 mm. of cerebro-spinal fluid, had fallen to 190 mm.

Lumbar puncture was performed daily for the first thirteen days and again on the fifteenth; no specific treatment was used.

At the time of writing, one month after the onset of the disease, the patient is up and quite well, except that she has an almost complete ear deafness and a slight bilateral nystagmus.

It has been considered worth while to publish this case because of the rarity of recovery in pneumococcal meningitis, and because of the absence of signs of supratentorial spread.

No original focus of infection was found at any time.

I am indebted to Dr. Langdon Brown for permission to publish this case.

E. T. C. SPOONER.

TWO LETTERS TO MR. CHARLES MAYO, SURGEON, OF WINCHESTER (1811).



BELOW are published copies of two letters, the originals of which were found by chance among some old notes and débris in the Ophthalmic Department.

They were written in 1811 by two students of this Hospital to Charles Mayo, to congratulate him on his appointment to a surgeoncy at the Winchester County Hospital.

St. B. H. Thursday Evening.

To Mr. Charles Mayo,
Surgeon,
Winchester.

DEAR DOCTOR,—I hope you will excuse the length of time I have suffered elapse before I answered your first letter in wh. you announced to this Medical Hemisphere yr promising career of Glory and Prosperity. Permit me to congratulate you, on the probability wh. awaits you, of attaining to a Sphere wh. I trust will be as lucrative to you, as yr Talents will be beneficial to the Objects of yr Care.

I must say your daring is noble, and to a meaner capacity and a less aspiring mind I might add fearful, but the prize is great, and therefore it becomes you as you have done, to stake high. I hope your efforts may be crowned with Success.

Local News of course will be acceptable. I will therefore endeavour to rake a few Events from their Ashes, and send them for yr notice. May they prove interesting!

Mr. Vincent made his *début* last Saturday Week as a *Lythotomizer*, and after 21 cuts he got into the Staff and in process of time into the Bladder by means of a Gorget. The Stone followed after hand papibus aquis, *i. e.* he did not hurry himself. The Subject was a very favorable one, a lad about 12 yrs old. Old Blicke sd Yes! he cd not hurt such a Boy as that if he had tried yes! Emboldened by his Success in this Operation Vincent has been slicing a man's lip away to-day and removing what they call a Cancer. Ramsden has also been doing a Bloody deed, but it must be without a Name as I do not know what it was not being present. One more Operation and I have done for the present, but tho' last, be assured it is not least in the Bloody list, but rather preserved to the present period to close my Cases with éclat.

Last night that ever was, my friend Webb trephined (*you read right I mean trephined*) a man for Compression. All that mortal Wisdom or human Art cd devise to

rescue the victim from the Gripe of Death was essayed, but his evil Genius presided and the fatal Destroyer triumphed. To-day he was examined and five oz. of Blood were found effused under the Dura Mater and in the Basis Cranii, Some of his ribs were broken and 12 oz. of Blood were effused into the Cavity of the Thorax. Ramsden stormed at W's iniquitous Usurpation, and threatened to board him as an Old Offender in the like Aggressions.

By the by, have you seen the L[ondon] M[edical] R[eview] of Ramsden's Book, it is very neat, tho' rather highly seasoned, he was very wrath with them and was sure they cd never have read his Book to have so grossly misrepresented it, and like a fond parent with all its "faults he loves it still."

Webb desires to be remembered to you and hopes he has executed your commission to his Satisfaction, but if he has time (wh. by the by is very well put in as Operations drop in thick upon him) he will write to you.

Believe me Yrs sincerely
R W BROWN

3 Chapel St. (Bedford Row),
Charles Mayo. Esqr. London,
Surgeon October 7th. 1811.
Winchester.

DEAR MAYO—The contemplation of the majestic grandeur of a troubled ocean, and the placid serenity of a Summer's skye, associates in my mind the battles you have fought, and the victory you have gained, since St. Bartholomew's Hospital mourned your loss—altho I cannot rank among the first who have congratulated you, upon your memorable appointment, to a Surgeoncy of Winchester Hospital; yet I assure you that my congratulations are accompanied with the best wishes for your future success of a sincere friend.

The labours of my studies here are fast approaching to their termination. I have for some time looked forward to that day, when I shall assume the character of the private practitioner, as the most formidable of one's existance. Brown and myself left the apart's, very reluctantly Tuesday Morng. last; Brown who has suffered much of late from ill health, left London for the I of Wight the same day. I am living with our friend Baker at present to complete six months attendance at the Eye Infirmary. I intend towards the latter end of this month to return to Bath, when I shall be ever happy to enjoy your correspondance.

The winter campaign you know commences on the first of Oct. Abernethy's class is not so full as last season, and I believe the greater number of them are

veterans; the raw recruits, who, have entered the field of battle are but few. Dr. Hue entered "*two green horns*" after his first Lecture. "*Hinc illa lacryma rerum.*" I am very glad to hear his numbers have increased very considerably since—the practice of our great Hospital altho' always highly interesting, has presented nothing particularly so of late. A short time since we *pretty easily* reduced a dislocation of the thigh bone; the subject was a *Hercules* of a most tremendous size. The Surgeons have quarrelled of late. Sir James Earle and Mr. Harvey waged war against Sir Charles for embezzling the *publick money*. Old Blicke kept all the money of the Hospital pupils of last year. Old B. says, I have cut all connection with the Hospital. Yes? Yes?

I believe a reconciliation has since taken place.

In conclusion, I hope you will excuse the present with promises for a better the next time I write.

Yours sincerely
JOHN WEBB

Charles Mayo was born on December 29th, 1788, the third son of the Rev. James Mayo, M.A., Headmaster of Queen Elizabeth's Free Grammar School at Wimborne. At the age of fifteen he was apprenticed to a Mr. Brown, a City apothecary who kept a shop at the corner of Raven Row, Bethnal Green, just on the east side of Bishopsgate Street.

At the age of eighteen he became a student of St. Bartholomew's and dresser to Sir Charles Blicke—the "old Blicke" of these letters, at that time second surgeon to the Hospital. In 1811 he was elected Surgeon to the County Hospital at Winchester, where he attained considerable repute as a surgeon and lithotomist. In 1818 he removed one of the largest stones on record; it weighed over 14 ounces. He was elected Mayor of Winchester in 1851. He died at home at St. Peter's Street, Winchester, on November 27th, 1876.

In manner he resembled the great Abernethy, whom he is supposed to have copied. He was blunt, outspoken and testy to the greatest degree, and when made angry, as he often was, he relieved himself and amused his hearers by a stream of half humorous vituperative epithets of the quaintest and most varied description.

Of the fate of John Webb, whose exploit with the trephine signifies more surgical zeal or at least a greater allowance of freedom than is usual with students at the present day, nothing is known.

Richard Willson Brown, his friend, qualified in 1811 as M.R.C.S., and so far recovered from his ill-health as to practise surgery in Bath, where he was appointed Surgeon to the Royal United Hospital, and where he

continued on the Medical Register as late as 1854. He contributed articles on "Hernia" and on "Carcinoma of the Thyroid Gland" to the *Lancet* and the *Medico-Chirurgical Transactions*. In 1843 he was nominated F.R.C.S., being among the first three hundred members to receive that distinction.

All three, Mayo, Webb and Brown, had been active members of the Hospital Medical and Philosophical Society,* then meeting weekly under the inspiring chairmanship of John Abernethy. Between them they contributed many papers, but unfortunately Webb, who was Secretary for the year 1810-11, is so reticent of details, giving often only the titles of the papers, that what Mayo said of "Erysipelas," Brown of "Respiration and Animal Heat" and the nature of Webb's "Singular Case of Sudden Death" must remain matters of conjecture.

Sir Charles Blicke, the type of a successful surgeon, is remembered chiefly as the pupil of Pott and the master of Abernethy. The letters portray well his habit of saying Yes! Yes! and add some scandalous evidence in support of Abernethy's verdict that his master was fonder of money-making than of science.

"Ramsden's book" is his *Practical Observations on the Sclerocele and other morbid enlargements of the Testicle . . . to which are added, four cases of operations for aneurysm* (London: Wilkie and Robinson, 1811). The author had ample cause for pique with his reviewer, who dismissed the bulk of the work, an ingenious pre-Nisserian attempt to correlate disease of the testicle with a latent morbid process in the posterior urethra, in the following scornful words†: "The first part of this book will not take up much time in reviewing, for we are confident that it will be regarded by everyone who has taken the trouble of reading and endeavouring to comprehend it merely as a vehicle, and a very mawkish one it is, to convey the cases of aneurism. . . . To attempt to illustrate a well known practice by theories which defy comprehension, is not adding strength to the cause of science; and to relate cases" of testicular swelling cured by the passage of bougies "which prove nothing but the uncommon success of an individual, is only deluding the profession with the expectation of similar results." The review serves to remind us that even in those bold surgical times Ramsden was the first to carry out the operation of ligaturing the third part of the subclavian artery for axillary aneurysm. Ramsden had been appointed Assistant Surgeon in 1791; he died at an early age in 1813. The lives of Sir James Earle, Senior Surgeon, Pott's son-in-law and biographer, of

* *Vide Minute Book, 1807-1815*, in the possession of the Abernethian Society.

† *London Medical Review, 1811*, vol. iv, p. 246.

Mr. (afterwards Sir Ludford) Harvey, of Mr. John Painter Vincent, and of Dr. Clement Hue, the first regularly appointed Lecturer in Medicine, are recorded in Sir Norman Moore's *History of the Hospital*, and in the *Dictionary of National Biography*.

Our thanks are due to Mr. Foster Moore for his help and to Sir D'Arcy Power for his account of Charles Mayo, which is abstracted from the forthcoming *Lives of the Fellows of the Royal College of Surgeons*. The letters will be presented to the Hospital.

H. B. STALLARD.
A. W. FRANKLIN.

ABERNETHIAN SOCIETY.

THE Annual General Meeting of the above Society was held in the Abernethian Committee Room on May 23rd, 1929. Mr. E. T. C. Spooner in the Chair.

The Secretary's annual report and financial statement were read and adopted.

The following officers were elected for the year 1929-30:

Presidents: Mr. H. P. Hutchinson and Mr. A. P. M. Page.

Vice-Presidents: Mr. J. H. Attwood and Mr. K. W. D. Hartley.

Hon. Secretaries: Mr. A. W. Franklin and Mr. K. D. Keele.

Extra Committee Men: Mr. R. E. M. Fawcett and Mr. Jameson Evans.

No further business was brought forward, and the meeting was adjourned.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. U.C.S. OLD BOYS.

Played at Winchmore Hill on Saturday, April 27th. The Hospital batted first and after putting on 52 for the first wicket, were all out for 141. Owing to some fine bowling by H. L. Hodgkinson, who took 7 wickets for 47 runs, our opponents were all out for 91.

ST. BARTHOLOMEW'S HOSPITAL v. THE WANDERERS.

Played at Winchmore Hill, Wednesday, May 1st. The Hospital batted first and fared very badly, being all out for 79.

Our opponents scored the necessary runs for the loss of 5 wickets and thus won fairly easily.

ST. BARTHOLOMEW'S HOSPITAL v. SOUTHGATE.

Played at Winchmore Hill on Saturday, May 4th. The Hospital again batted first, but except for a very sound 55 by K. W. Mackie, our batting was disappointing, and we were all out for 126.

Southgate at one time looked like winning easily, but with the score at 125 for 6 wickets, C. L. Hay-Shunker did the hat-trick, and their last man came in with 2 runs to win. They just got the necessary runs, being all out for 129. Hay-Shunker took 8 wickets for 48 runs.

ST. BARTHOLOMEW'S HOSPITAL v. HAMPSTEAD C.C.

Played at Winchmore Hill on Saturday, May 11th. Hampstead batted first, and were all out for 75 runs, H. L. Hodgkinson bowling finely and taking 9 wickets for 23 runs.

The Hospital obtained the runs for the loss of only 1 wicket, and thus registered their second victory of the season.

The final score was 121 for 7 wickets, A. R. Boney playing a good knock of 76.

ST. BARTHOLOMEW'S HOSPITAL v. THE STOICS.

Played at Winchmore Hill on Wednesday, May 15th. This game resulted in a victory for our opponents, who, batting first on a wet wicket, scored 159, H. L. Hodgkinson taking 5 wickets for 44. The Hospital batted very badly and were all out for 67.

ST. BARTHOLOMEW'S HOSPITAL v. WINCHMORE HILL.

Played on Saturday, May 18th. The Hospital batted first and again did not do themselves justice, being all out for 83. Winchmore Hill, who scored 37 for the first wicket, afterwards collapsed against the fine bowling by C. L. Hay-Shunker, and only won by 2 wickets. C. L. Hay-Shunker took 8 wickets for 43 runs.

ST. BARTHOLOMEW'S HOSPITAL v. CROYDON.

Played at Winchmore Hill on Monday, May 20th. This game resulted in a good win for the Hospital, who, batting first, scored 151, D. M. Dean making 51 not out.

Our opponents could only make 122, Hay-Shunker again bowling well, and taking 7 wickets for 31 runs.

DEBATING SOCIETY.

THE Annual General Meeting of the St. Bartholomew's Hospital Debating Society was held in the Committee Room of the Abernethian Room on Monday, May 13th, 1929, at 4 p.m.

Sir Thomas Horder, Bart., was in the Chair.

The minutes of the last Annual General Meeting were read, confirmed and signed.

The following officers were elected for the ensuing year :

President : Sir Thomas Horder, Bart.

Vice-Presidents : Dr. E. R. Cullinan, Mr. R. W. Raven.

Secretaries : Mr. J. W. Matheson, Mr. G. O. Morgan.

Committee : Mr. J. W. O. Freeth, Mr. A. W. Franklin, Mr. Crossley Holland, Mr. P. Robinson (co-opted).

Dr. E. R. CULLINAN then expressed the opinion that if, during the coming year, the Society did not hold at least three meetings with an aggregate attendance of at least 100, the Society should cease to exist.

Other members spoke showing sympathy with the opinion of Dr. Cullinan, and pointing out that more energy and enthusiasm would have to be shown than in the last few years.

Mr. CROSSLEY HOLLAND then volunteered to guarantee to obtain outside speakers for a debate in the winter session.

The Secretaries guaranteed to arrange another debate.

Dr. CULLINAN and Mr. CROSSLEY HOLLAND promised to obtain distinguished visitors, the former a Liberal, the latter a Conservative, to a political debate to be held on Friday, May 24th, 1929.

The meeting was then adjourned.

UNITED HOSPITALS BOAT RACE.

The races were rowed under the usual vile conditions for these events, over a course from Hammersmith Bridge to the 'Varsity Stone in the case of the VIII's, and from the Mile Post in the case of the IV's. There was a spring tide and a strong wind against it, making the conditions rather rough.

Three launches followed the races, our President, Mr. Rawling, being in the umpire's launch.

There were four VIII's, London, Thomas's, Guy's, Bart.'s, in that order from the Middlesex station.

There was delay at the start owing to non-appearance of one of the stake-boats, then London escaped with their stake-boat in tow, and finally a tug with barge attached threaded its way through the waiting VIII's, just to add to the chaos.

Order having been restored, the umpire, Mr. Beresford, sen., of Thames R.C., got the boats away to a good start. Guy's had a slight advantage after about 10 strokes with Thomas's and Bart.'s close on them.

Then London and Thomas's struck some very bad water and fell back, London being partially swamped.

About this time—Harrod's—Bart.'s had a slight lead and were striking a slow and powerful stroke for so light a crew. Thomas's rallied under their stroke, spurted and drew ahead, and Bart.'s, unfortunately, decided to take a rest cure.

As London dropped gradually astern, Guy's and Thomas's both went ahead. Two tugs having provided an excellent obstacle race, calmer water was reached near Beverley Brook.

Refreshed by the rest cure, Bart.'s now began to work once more and rowed splendidly to the finish, but could catch neither Thomas's, nor Guy's.

Bart.'s have acquired length, but must learn to work hard all over the course, and not be content with merely a hard spurt at the end before finishing comparatively fresh.

Thomas's, with a good crew and an experienced stroke, won a good race from Guy's by 1½ lengths, with Bart.'s about three-quarters of a length behind.

In the clinker fours Guy's just won a magnificent race from Thomas's by a quarter of a length, with London third.

Bart.'s IV had their daily disaster and did not do themselves justice. In the light IV's Thomas's beat Bart.'s easily, a mixture of styles not being aided by a boat which would have been the envy of Heath Robinson.

Thomas's were a splendid IV, selected from a good VIII. It is to be hoped that in future years Bart.'s men will be present at the Dinner which is held after the race.

Bart.'s Rowing Club have much for which to thank Mr. Thackthwaite, their secretary, as he was tireless in his efforts to get the VIII and the IV's together.

VIII : H. F. Stephens (*bow*), D. K. Jardine (2), A. B. Waters (3), H. H. A. Thackthwaite (4), P. M. Oxley (5), G. Wynne-Thomas (6), R. G. Orr (7), J. H. West (*stroke*), R. H. Knox (*cox*).

Coxswainless IV : R. G. Orr (*bow*), H. H. A. Thackthwaite (2), P. M. Oxley (3), G. Wynne-Thomas (*stroke*).

Clinker IV : Squire (*bow*), A. Vacher (2), C. R. Hamond (3), R. Bennet (*stroke*), A. Gibb (*cox*).

REVIEWS.

RECENT ADVANCES IN NEUROLOGY. By W. RUSSELL BRAIN and E. B. STRAUSS. (J. & A. Churchill.) Pp. 412. Illus. 38. Price. 12s. 6d.

Here is a very full account both of the literature and of the author's practical experience in the rapidly advancing field of neurology, and it certainly does not err on the side of omitting any new development. As in several of this series a somewhat sanguine temperament is displayed, though the present authors, it must be said, are very careful in citing authorities and weighing evidence, so that there is a minimum of dogmatic statement. We do not, however, feel that justice has been done to the quite prevalent attitude that lipiodol in spinal block is purely a confirmative measure, very liable to mislead, and one which is apt to make the subsequent surgical approach more difficult, because of the supervening localized meningitis, which is by no means uncommon. Similarly ventriculography for cerebral tumour has been discarded as superfluous and dangerous by at least one well-known hospital. The authors here, however, reinforce their position by Grant's figures of 392 cases. Whereas he quotes a direct mortality of over 8% from the operation, in view of the otherwise hopeless prognosis of unlocalized cerebral neoplasm and in consideration of the fact that in 24% the tumour was localized by ventriculography when neurological examination failed, and in 11% the "tumour was susceptible of operative removal," the procedure is considered justifiable. It is, however, felt widely that in skilled hands localization by physical examination is becoming sufficiently certain to reverse these figures.

It is also the reviewer's opinion that it is as yet too confident a statement to say that "these observations of Weed and others (on the effects of hypertonic salt solutions) have put into the hands of the clinician a mode of controlling the intra-cranial blood-pressure (italics our own). From a physiological standpoint it must be considered problematical whether sufficient fluid is retained for long enough *per os* or intravenously to produce the required lasting effect. 50% of any salt solution injected intravenously into a dog has been observed to leave the blood-vessels in the first 15 minutes, and most of the rest soon follows in the lymph and urine. Benefits ascribed to the use of this method in cerebral tumour, in head injuries (acute stage) and in Trotter's "persistent cerebral contusion" require carefully controlled observation, though a trial should always be given. The use of rectal mag. sulph. would appear to be most rational, if sufficient

concentration can be obtained without irritating the mucous membrane.

For the rest of the book we have nothing but praise. Tumour, posture, sleep, "diseases" of recent description are all most fully and interestingly discussed, and it is indeed noteworthy that the last three chapters are devoted to treatment.

Most certainly this is among the most useful and interesting of the series and should increase co-operation between general practitioner and specialist, which in this branch of medicine is so badly needed.

CLINICAL OBSERVATIONS ON INFANT FEEDING AND NUTRITION. By HOWARD B. GLADSTONE, M.D.(Edin.). (Heinemann.) Pp. 118. Price 7s. 6d. net.

In the same series as the much-used *Infant Nutrition* by Tallerman and Hamilton, this rather more intimate account of certain aspects may be referred to in conjunction with it. The former discusses principles and gives a balanced and complete account of the more simple problems ; the present volume is a series of clinical observations, and, being well indexed, does succeed in answering most of the questions which arise. The two are nowhere in striking disagreement, which is the more remarkable, as Dr. Gladstone believes in saying what he thinks. Perhaps the book will be most used because of its excellent and thorough account of the various available patent and artificial foods with their indications. The section on "Some Common Errors in Infant Management" is amusing, containing passages like "A restless infant is often jogged on its mother's knee till it stops crying, probably from mild concussion." It also lays down the law in the matter of constipation, but we believe the author to be right in his attack on castor oil, if not in his condemnation of suppositories.

These being personal observations, there is little reference to other work, but we are glad to see Dennett's simplified feeding is commended, especially when other systems have failed.

SURGICAL PATHOLOGY. By C. P. G. WAKELEY, F.R.C.S., and ST. J. D. BUXTON, F.R.C.S. (Bristol : John Wright & Sons, 1929.) Pp. 904. Illustrations 392. Price 45s. net.

Although there are many works on pathology, a good modern book on surgical pathology representative of the present English teaching has for some time been wanting, and the book under review fills this position as well as it is possible for one book to do so.

The major part of the book deals with special pathology, and only the first 160 pages are devoted to general pathology ; this, we think, is a good point. The chapters, on the whole, are short, so that almost every organ in the body has one or more devoted to it.

There is nothing very new in the book and most of the views put forward are conservative, which for a text-book is as it should be. Such controversial subjects as the origin of hypernephromata, the nature of testicular and salivary gland tumours, the cause of Paget's disease of the nipple, the cause of prostatic hypertrophy, etc., are dealt with according to the recent literature on these subjects ; but in most cases there is not much help for the undergraduate who is struggling after a simple understanding of these problems for the first time. However, the authors are to be congratulated on the book as a whole ; it is well balanced as regards space allotted to different subjects ; it is very readable, and the illustrations, many of which are from the *British Journal of Surgery*, are well chosen and excellently reproduced, as is to be expected in any book published by John Wright & Sons.

While the book is good throughout, the chapters on injuries to joints and epiphyses as well as the several chapters on deformities are especially good.

We feel very strongly that the value of this book would be enormously increased if at the end of each chapter there was a short list of references to recent literature on the subject dealt with in the chapter. We imagine that this book, which is a large one, will be used, not by the average student who is "cramming" for his final examinations, but by the keener undergraduates who give more time to reading, and by post-graduates who are working for higher examinations in surgery. For these, brief accounts of conflicting theories regarding the pathology of many diseases is not sufficient, and they require a book where references are given to monographs and special articles which describe such diseases more fully. We earnestly hope that in the second edition of this otherwise excellent text-book the authors will add short lists of references throughout the book.

SURGICAL ANATOMY. By GRANT MASSIE, M.B., M.S., F.R.C.I. (London : J. & A. Churchill.) Price 15s.

To the student preparing for his final examination a book of this nature is essential to recall to his memory anatomical details which have been forgotten during his clinical training.

In this volume will be found a full and clear account of applied anatomy in all its branches, including a description of such operations as demand an accurate knowledge of the subject, and also of those branches of embryology which have a direct bearing on developmental abnormality and pathology.

The text is amplified by many excellent diagrams and illustrations of dissections, so essential when the reader has not convenient access to actual specimens.

Among the good points may be noted an excellent description of the spaces of the palm, as classified by Kanavel, and of the subphrenic spaces after Barnard. There is also a very full account of the abnormalities of the cystic duct liable to be met with in practice. A few small omissions may be noted. Thus, no mention is made of the operation of "median" tracheotomy ; in the description of the axilla no mention is made of the axillary arches. But these are minor points in a book which can be confidently recommended to the senior student and the post-graduate.

The old terminology is followed, B.N.A. being also given for the benefit of those accustomed to the new.

DISEASES OF THE BLOOD. By A. PINEY, M.D., M.R.C.P. (London : J. & A. Churchill, 1928.) Price 12s. 6d. net.

This volume is an acceptable addition to Messrs. Churchill's Empire Series. The blood diseases are treated from their pathological and their clinical point of view, and an attempt is made to fit particular diseases into some sort of scheme. Haematology is in a notoriously controversial state, and beyond complicated and numerous clinical pictures, little can be gained from the study of the average text-book to aid a reader in forming some conception of the hematopoietic organs and their diseases as a whole.

At present any attempt to provide a general foundation must depend partly upon conjecture and upon research which has not been fully verified. Dr. Piney has at the outset declared his intention to work upon some system, however vague and controversial its foundations. With this in mind the fitting of each series of diseases into the scheme becomes extraordinarily interesting. Dr. Piney, as in his recent *Advances in Haematology*, takes the reticulo-endothelial system as the basis of haematopoiesis.

The physiology, morbid anatomy and pathology of each type of blood disease is treated simply, with no attempt to deal with rarer symptoms and complications. Treatment other than symptomatic is indicated.

There are three excellent appendices on hematological technique, blood transfusion and blood grouping, and upon the use of X-rays in blood diseases. The glossary of terms will be found useful.

SURGICAL RADIOLOGY. By A. P. BERTWHISTLE, M.B., Ch.B., F.R.C.S.(Edin.). (London : J. & A. Churchill, 1929.) Pp. 135. Price 8s. 6d. net.

The author's intention has been to meet the demand for a book on the interpretation of radiograms, and has regarded the subject from the clinical point of view throughout.

He has set out to lay stress on the early signs of disease, as he holds that the greatest value of radiological investigation is in the confirmation of the early, unobtrusive signs, which are of such importance if an operation is to hold out its fullest prospect of success.

Mr. Bertwhistle has succeeded in compressing a great deal of sound information into a small volume. He has obviously taken great pains to exclude all except essentials, and his pruning has been drastic, especially in the chapter on fractures and dislocations, where he has assumed that the appearances are easy enough for anyone to picture for himself.

The chief criticism to be made is that like most small books it is too condensed to make easy reading, and is hardly complete enough to be used as a book of reference ; but now that the medical curriculum is so crowded, brevity cannot be considered a serious fault. It is a book that should be read by all preparing for an examination in surgery, as well as by those who have left such troubles behind them, as it gives a good account of the surgical conditions in which radiology in its present state can be of help to the clinician, and helps him to judge for himself the value of the X-ray evidence in these conditions.

The arrangement of the book is good, it is well printed, the reproductions of films are clear, and a satisfactory index is provided.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ADAMSON, H. G., M.D., F.R.C.P. "Diseases of the Skin," Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- ARMSTRONG, R. R., M.D., M.R.C.P., and BURT-WHITE, HAROLD, M.D., F.R.C.S., "The Problem of Puerperal Sepsis: the Bacteriology of the Puerperum." *British Medical Journal*, March 30th, 1929.
- BATTEN, LINDSEY W., M.B., M.R.C.P. "A Case of Agranulocytic Angina." *Lancet*, March 2nd, 1929.
- BURROWS, HAROLD, C.B.E., M.B., F.R.C.S., "Air-tight Suction Drainage of the Chest." *Lancet*, March 16th, 1929.
- BURT-WHITE, HAROLD, M.D., F.R.C.S. See ARMSTRONG and BURT-WHITE.
- CARSON, H. W., F.R.C.S. "Pitfalls in the Right Side of the Abdomen." *Lancet*, April 13th, 1929.
- CAUTLEY, EDMUND, M.D., F.R.C.P. (and PATERSON, D., M.B., M.R.C.P.). "The Feeding of Infants and Children." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- (and BARRINGTON-WARD, L. E., F.R.C.S.). "Congenital Defects of the Alimentary Tract." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- CHANDLER, F. G., M.A., M.D., F.R.C.P., F.R.C.S., and WOOD, W. BURTON, M.A., M.D., M.R.C.P. *Lipiodol in the Diagnosis of Thoracic Disease*. London, 1928, Oxford University Press.
- CHOPRA, R. N., M.A., M.D., I.M.S. (and GHOSH, N. N., and RATNAGIRTSWARAN, A. N.). "Some Medicinal Plants Growing in the Himalayas." *Indian Journal of Medical Research*, January, 1929.
- (and DIKSHIT, B. B., and PILLAI, K. V.). "The Comparative Action of Ephedrine and Pseudo-Ephedrine from Indian Varieties of Ephedra on the Heart." *Indian Journal of Medical Research*, January, 1929.
- CLARK, W. E. LE GROS, D.Sc., F.R.C.S. "The Thalamus of Tupaia Minor." *Journal of Anatomy*, January, 1929.
- COCKAYNE, E. A., D.M., F.R.C.P. "Diseases of the Ductless Glands." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- "Obesity, Gout, Diabetes Insipidus." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- CONNOR, Sir FRANK P., D.S.O., F.R.C.S., D.T.M.&H. *Surgery in the Tropics*. London, 1929, J. & A. Churchill.
- EVANS, GEOFFREY, M.D., F.R.C.P., and SPENCE, A. W., M.R.C.P. "Phenyl-Cinchoninic Acid in the Treatment of Gout." *Lancet*, April 6th, 1929.
- FISHER, A. G. TIMBRELL, M.C., F.R.C.S. "Chronic (Non-Tuberculous) Arthritis." *Lancet*, January 19th, 1929.
- FLETCHER, H. MORLEY, M.D., F.R.C.P. "Diseases of the Liver, Pancreas and Peritoneum." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- GARROD, Sir ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "Inborn Errors of Metabolism." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- "Obesity, Gout, Diabetes Insipidus." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "Radium in the Treatment of Malignant Disease." *Clinical Journal*, April 3rd, 1929.
- GILLIES, H. D., C.B.E., F.R.C.S. "Cleft Palate." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- "Hare Lip." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
- GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Some Aids to Excision of the Rectum." *Lancet*, March 9th, 1929.
- "The Treatment of Cancer of the Rectum with Radium." *British Medical Journal*, April 13th, 1929.
- GREY, H. MARTIN, M.R.C.S., L.R.C.P. "A Normal Ventriculogram (with Special Plate)." *British Medical Journal*, January 5th, 1929.
- HAMER, Sir WILLIAM H., M.D., F.R.C.P., D.P.H. *Epidemiology Old and New*. London, 1928, Kegan Paul & Co.
- HARRISON, G. A., B.A., M.D. "Diabetes Mellitus." Garrod, Batten, Thursfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
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- HEWER, C. LANGTON, M.B., B.S., M.R.C.S., L.R.C.P. "The Preservation of Anæsthetic Ether." *Lancet*, April 13th, 1929.
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- MACKIE, F. P., O.B.E., M.Sc., M.D., F.R.C.P. "The Microscopical Changes occurring in Organs after Death." *Indian Journal of Medical Research*, January, 1929.
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- "Oral Administration of Pituitary Gland." *British Medical Journal*, March 2nd, 1929.
- NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. *Citizenship and the Survival of Civilization*. London, 1929, Oxford University Press.
- NOON, CHARLES, F.R.C.S. "Amputations." *Clinical Journal*, February 13th and 20th, 1929.
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- PAVEY-SMITH, A. B., M.C., M.B., F.R.C.S. "Tonsillectomy in Chronic Arthritis." *Lancet*, January 26th, 1929.
- PEARCE, C. M., M.B., F.R.C.S. See RAMSAY and PEARCE.
- PYBUS, F. C., M.S., F.R.C.S. "The Company of Barber Surgeons and Tallow Chandlers of Newcastle-on-Tyne." *Proceedings of the Royal Society of Medicine*, January, 1929.
- RAMSAY, JEFFREY, M.D., M.R.C.P., and PEARCE, C. M., M.B., F.R.C.S. "Tonsil Puncture: A New Method of Investigation." *British Medical Journal*, March 23rd, 1929.
- RIDOUT, C. A. S., M.S. "Complete Occlusion of Posterior Choanæ." *Proceedings of the Royal Society of Medicine*, December, 1928.
- "Aphonias and Hoarseness." *British Medical Journal*, March 2nd, 1929.
- RIVAZ, P. M., M.B., D.P.H. "Some Common Problems in Naval Hygiene." *Proceedings of the Royal Society of Medicine*, January, 1929.
- ROBINSON, C. A., M.B., D.M.R.E. "Treatment of Pelvic Inflammation by Diathermy." *Proceedings of the Royal Society of Medicine*, January, 1929.
- ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., D.C.L., LL.D., Hon D.Sc.(Oxon.), F.R.C.P. *Aspects of Age, Life and Disease*. London, 1928, Kegan Paul, Trench, Trübner & Co.
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- (and MCNEE, J. W., F.R.C.P.). *Diseases of the Liver, Gall-Bladder and Bile-ducts*, 3rd edit., London, 1929, Macmillan & Co.

- SHAW, WILFRED, F.R.C.S. *See* Barris and Shaw (in May No.).
 SHAW, WILFRED, M.A., M.B., B.Ch.(Cantab.), F.R.C.S. "Irregular Uterine Haemorrhage." *Journal Obstetrics and Gynaecology, British Empire*, Spring No. 1929.
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 SPENCE, ALLAN W., M.A., M.R.C.P., M.B., B.Ch. *See* EVANS and SPENCE.
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 THURSFIELD, HUGH, D.M., F.R.C.P. (and PATERSON, DONALD, M.B., M.R.C.P.). Editors of *Diseases of Children*. First edited by Sir Archibald Garrod, F. E. Batten and Hugh Thurstfield. Second edition. London, 1929, Edward Arnold & Co.
 —— "Diseases of the Mouth." Garrod, Batten, Thurstfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
 —— "Diseases of the Haemopoietic and Lymphatic Systems." Garrod, Batten, Thurstfield and Paterson's *Diseases of Children*, 2nd edit., 1929.
 THURSTON, L. V., Lieut.-Col., D.S.O., R.A.M.C. "A Criticism and some Comments and Memories of Front Line Evacuation. The Great War, 1914-1918." *Journal of the Royal Army Medical Corps*, April, 1929.
 VERNEY, E. B., F.R.C.P. Goulstonian Lectures on Polyuria: I. "Polyuria associated with Pituitary Dysfunction." *Lancet*, March 16th, 1929. II. "Experimental Reduction of Renal Tissue." *Ibid.*, March 30th, 1929. III. "Polyuria in Chronic Nephritis." *Ibid.*, April 13th, 1929.

EXAMINATIONS, ETC.

University of Cambridge.

The following degrees have been conferred :

M.D.—Smith, W.
 M.B., B.Chir.—Francis, C. A., Milner, J. G.
 M.B.—Palmer, E. A. E.

Royal College of Physicians.

The following have been elected *Fellows*:

Bourne, G., Lovatt Evans, C. A., Roxburgh, A. C., Waterhouse, R. The following have been elected *Members*:
 Allott, E. N., Clegg, H. A., Doyle, G. V. F., Eason, G. A., Roles, F. C., Sharp, B. B., Varrier-Jones, P. C., Woodrow, C. E.

Conjoint Examination Board.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.:

Beddard, J. R. J., Boyd, A. M., Bray, J. S. B., Colville, J. R., Crumbie, J. R., Edwards, F. A. T., George, T. C. R., Giblin, T., Gibson, B. H., Hanson, P. N., Hartley, K. W. D., Heath, W., Holden, C. E., Hutchinson, H. P., Knight, H. V., Neill, E. J., Nicholson, J. C., Parsons, C. T. E., Philps, A. S., Price, R. K., Reynolds, J. B. A., Sanderson, C. J., Sharples, E. M., Todd, C. R., Walter, W. J., Watkin, J. H., Wright, B.

CHANGES OF ADDRESS.

- ALEXANDER, G. L., 112, Pembroke Road, Clifton, Bristol.
 BELLAMY, W. A., Engledene, Silverdale, Sydenham, Kent.
 CHAPMAN, E. F., Quatre Bras, Crowtherne, Berks. (Tel. Crowtherne 47.)
 FORD, J. N. C., 1, The Goffs, Eastbourne. (Tel. Eastbourne 2487.)
 KAYNE, G. G., The North Wales Sanatorium, near Denbigh, N. Wales.
 LINDER, G. C., Department of Pathology, The University, Cape Town, South Africa.
 LYSTER, R. A., 33, Methuen Road, Bournemouth.
 MAXWELL, J. P., c/o Mrs. Stourton W. P. Steen, 67, Milton Road, Cambridge.
 WOOD, W. BURTON, 1, Park Square West, Portland Place, N.W. 1. (Tel. Welbeck 3341.)

APPOINTMENTS.

- BURNE, T. W. H., M.B., B.S.(Lond.), appointed Senior Surgeon, Federated Malay States.
 MORGAN, C. C., L.M.S.S.A., appointed Medical Officer and Public Vaccinator for the City District of the Chester Board of Guardians.

BIRTHS.

- ANDREWS.—On April 30th, 1929, at 41, Harley Street, W. 1, to Helen and John Alban Andrews, M.C., F.R.C.S.—a daughter.
 COBBE.—On April 25th, 1929, at Westminster Hospital, to Dr. and Mrs. T. J. Cobbe—a daughter.
 FLETCHER.—On April 28th, 1929, at 98, Harley Street, W. 1, to Christina, wife of Herbert Morley Fletcher, M.D., F.R.C.P.—a daughter.
 HARKNESS.—On April 25th, 1929, at 27, Welbeck Street, W., to Sheila Mary (née McMillan) and Robert Colart Harkness, F.R.C.S., of Bermondsey Hospital, S.E.—a daughter.
 HEYWOOD-WADDINGTON.—On April 24th, 1929, at 7, St. Catherine's Road, Littlehampton, to Dr. and Mrs. Heywood-Waddington—a son.
 HORDER.—On April 20th, 1929, at Ben-Lui, Boyne Park, Tunbridge Wells, to Jessie, wife of Cecil A. Horder, M.B., F.R.C.S.—a son.
 NEVE.—On May 1st, 1929, at India House, Addiscombe, to Elsie (née Pedley), wife of Clement T. Neve, F.R.C.S.—a daughter.
 PARKES.—On April 18th, 1929, to Dr. and Mrs. A. E. Parkes, of Mayfield, Longton—a son.
 WALKER.—On May 7th, 1929, to E. M. and K. M. Walker, of 3, Boundary Road, St. John's Wood—a son.

MARRIAGES.

- THROWER—POLLARD.—On April 24th, 1929, at All Souls', Langham Place, William Rayner Thrower, M.B., B.S.(Lond.), M.R.C.P. (Lond.), to Violet Beatrice Pollard.
 WARE—CAPPS.—On April 17th, 1929, at Hampstead Parish Church, Hubert Austin, only son of the late Rev. J. H. Ware and Mrs. Ware, to Phyllis Marion, only daughter of the late Fleet-Surgeon F. A. Capps, R.N., and Mrs. Capps, of 139A, King Henry's Road, N.W. 3.

DEATHS.

- BAILEY.—On April 25th, 1929, at Geneva, William Henry Bailey, M.D., Barrister-at-Law, late of Featherstone Hall, Southall, Middlesex.
 COURTEEN NEDWILL.—On April 30th, 1929, at Christchurch, New Zealand, Dr. Courtney Nedwill, husband of Constance Courtney Nedwill (née Peache).
 DOUGLAS.—On March 22nd, 1929, at Lonsdale, 57, Goldington Road, Bedford, Reginald Inglis Douglas, M.R.C.S.(Eng.), L.R.C.P. (Lond.), M.B., B.S.(Durh.), D.P.H., R.C.S.(Eng.), aged 49.
 RODDIS.—On May 12th, 1929, at The Holm, Hunstanton, Thomas Ernest Earl Roddis, M.B., C.M., late of Snettisham, King's Lynn, aged 55.
 SIDEBOOTHAM.—On May 9th, 1929, at his residence, Erlesdene, Bowdon, Cheshire, Edward John Sidebotham, M.A., M.B., aged 68 years.
 THACKER.—On May 4th, 1929, at Nice, Cecil Robert Allen Thacker, M.A., M.D., late Fellow of Sydney Sussex College, Cambridge, aged 39 years.

NOTICE.

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